

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0031158

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 123
SE FILED 02 64

Primary Registration District No. 3022 Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

10411

20410

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bethany		c. CITY OR TOWN Rural Butler Twp.	
Length of stay in lb 10 day		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial		d. STREET ADDRESS (If outside, give location) McFall RFD	
3. NAME OF DECEASED (Type or print) First Velton Middle True Last Haskins		4. DATE OF DEATH Month August Day 23 Year 1964	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1906
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 2 Days 9 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (City and state or country) Harrison County Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Ernest E. Haskins		13b. MOTHER'S MAIDEN NAME Mable Earley	
14. NAME OF HUSBAND OR WIFE Winifred		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Winifred Haskins, McFall, Mo.		17. ADDRESS Winifred Haskins, McFall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE SIGNED 8-24-64	
21. I attended the deceased from May 1964 to Aug 23, 1964 and last saw him alive on Aug 23, 1964 Death occurred at 1:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) J. Lamy Dowell M. D.	
22b. ADDRESS Pattonburg, Missouri		22c. DATE SIGNED 8-24-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-1964	
23c. NAME OF CEMETERY OR CREMATORY Cedar Hill		23d. LOCATION (City, town, or county) Blythedale, Mo.	
24. FUNERAL DIRECTOR M. B. Haas		25. DATE RECD. BY LOCAL REG. 8-25-1964	
26. REGISTRAR'S SIGNATURE C. Jella Mayley		26. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 11 1964
SEP 9 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MB Laas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.